

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No. 1002 Registrar's No.

414863-028127

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

30 years

c. FULL NAME OF (If NOT in hospital, give location)

St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

6020 E. 16th

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Raymond

Middle

E.

Last

Bales, Sr.

4. DATE

OF

DEATH

Month

July 22, 1963

Day

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

## 8. DATE OF BIRTH

2/3/1898

## 9. AGE (last birthday)

65

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assembly Line

## 10b. KIND OF BUSINESS OR INDUSTRY

Ford Motor Co.

## 11. BIRTHPLACE (City and state or country)

Oklahoma City, Okla.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

George Henry Bales

## 13b. MOTHER'S MAIDEN NAME

Katie Clare Myers

## 14. NAME OF HUSBAND OR WIFE

Essie Artie Bales

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Essie A. Bales-6020 E. 16th

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Myocardial Rupture

#### INTERVAL BETWEEN ONSET AND DEATH

1 minute

#### DUE TO (b)

Myocardial Infarction

1 week

#### DUE TO (c)

Coronary occlusion

1 week

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Atherosclerosis

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## 20b. SUICIDE

## 20c. HOMICIDE

☐ ☐ ☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20e. TIME OF INJURY

Hour a.m. p.m.

## 20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20g. CITY, TOWN, OR LOCATION

## 20h. COUNTY

## 20i. STATE

## 20j. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 21. I attended the deceased from

July 15 63 to July 22 63

## 21. and last saw him alive on

July 22 63

## 21. Death occurred at

8:30 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

George K. Boyd M.D.

## 22b. ADDRESS

5111 Independence Ave

## 22c. DATE SIGNED

7-24-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

7/25/63

## 23c. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City, Mo.

## 24. FUNERAL DIRECTOR

## 25. DATE RECD. BY LOCAL REG.

Earp & Sons Mortuary-4707 Truman Rd.

7-24-63

## 26. REGISTRAR'S SIGNATURE

Arthur Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

George K. Boyd

DATE AMENDED

VS 300  
Rev. 4/59

1

2 8-2-18

3

4 O

5 1

6

7 1

8 1

9 4201

10

11

12 65-11

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James W. Poup*

Licensed Embalmer No. 4622

P. O. Address H.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.